

# NEVADA FINANCIAL DISCLOSURE STATEMENT

(Attach additional sheets if necessary.)

1087  
**FILE**  
 JAN 31 2005  
**FAKED**  
 DEAN HELLER  
 SECRETARY OF STATE

NAME MAURICE WASHINGTON  
 MAILING ADDRESS P.O. Box 1166  
 CITY, STATE, ZIP SPARKS NV 89402  
 TELEPHONE 331-3826

LENGTH OF RESIDENCE IN NEVADA 30 YR  
 LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO VOTE 15 YR  
 NRS 281.071(1)(a)

List all public offices for which this financial disclosure statement is required [NRS 281.571, Subsection 1(g)]:

Public Office	Annual Compensation	Term or Date Appointed	ANNUAL all elected and appointed public officers (no later than Jan. 15 each year) NRS 281.559(1)(b) 281.561(1)(b)	CANDIDATE (no later than the 10 <sup>th</sup> day after the last day to qualify as a candidate) NRS 281.561(1)(a)	APPOINTMENT to fill unexpired term of an elected or appointed public officer (within 30 days) NRS 281.559(1)(a)
<u>NEV STATE SENTER</u>	<u>\$18000</u>	<u>2004</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List all general sources of income for you and members of your household over 18 years of age [NRS 281.571, Subsection 1(b)]:

	Self	Household Member
<u>Donna Washington</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Angie Washington</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Maurice Washington</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

List each creditor to whom you or a member of your household owes \$5,000 or more [except (1) debt secured by mortgage or deed of trust on real property which is not required to be listed below, and (2) debt for which a security interest in a motor vehicle for personal use was retained by seller] [NRS 281.571, Subsection 1(d)]:

	Self	Household Member
<u>Master Card Donna Washington</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

List each business entity (i.e., organization or enterprise operated for economic gain, including a proprietorship, partnership, firm, business, trust joint venture, syndicate, corporation or association) with which you or a member of your household is involved as a trustee, beneficiary of a trust, director, officer, owner in whole or in part, limited or general partner, or holder of a class of stock or security representing 1% or more of the total outstanding stock or securities issued by the business entity [NRS 281.571, Subsection 1(f)]:

	Self	Household Member
<u>7/1/17</u>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

List specific location and particular use of all real estate (other than personal residence): (1) in which you or a member of your household has a legal or beneficial interest; (2) the fair market value of which is \$2,500 or more; and (3) located in this state or an adjacent state [NRS 281.571, Subsection 1(c)].

Specific Location	Particular Use
<u>1377 Yarmouth Way Sparks NV</u>	<u>Church</u>
<u>Signature Bureau</u>	

List the identity of donor and value of each gift received in excess of an aggregate value of \$200 from a donor during the preceding taxable year [except (1) a gift received from a person who is related to you within the third degree of consanguinity or affinity; and (2) ceremonial gifts received for a birthday, wedding, anniversary, holiday or other ceremonial occasion if the donor does not have a substantial interest in your legislative, administrative, or political action] [NRS 281.571, Subsection 1(e)]:

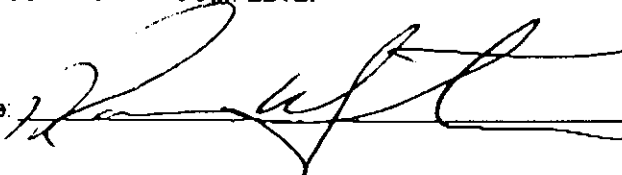
Donor	Value of Gift
<u>7/1/17</u>	\$
	\$
	\$
	\$
	\$

THE INFORMATION I HAVE PROVIDED HEREIN IS ACCURATE AND COMPLETE.

Date:

6/18/05

Signature:



STATE OF NEVADA  
COMMISSION ON ETHICS

Disclosure of Representation and Counseling  
of Private Person Before Public Agency

NRS 281.491(3) requires any legislator or other public officer who has, within the preceding year, represented or counseled a private person for compensation before a state agency of the executive branch, to file with the Commission on Ethics, not later than January 10 of each year, a written disclosure providing (a) the name of the client; (b) the nature of the representation; and (c) the name of the state agency.

I HEREBY DISCLOSE that during calendar year 04, in the capacity of

STATE SENATOR MAURICE WASHINGTON

I represented or counseled a private person for compensation before a state agency of the executive branch and hereby make a disclosure of such representation pursuant to NRS 281.491(3).

Client:

N/A

State Agency:

N/A

Nature of the  
Representation:

N/A

Client:

N/A

State Agency:

N/A

Nature of the  
Representation:

N/A

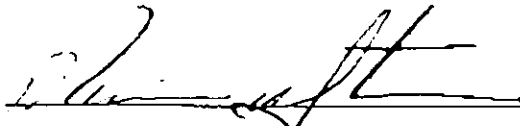
Check here ☐ if additional pages attached.

Date

1/18/05

Print  
Name

MAURICE WASHINGTON



Signature

Please return completed form by January 10 to:

Nevada Commission on Ethics  
3476 Executive Pointe Way, Suite 16  
Carson City, Nevada 89706-7946